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<b>SERIAL NUMBER</b> 10/626,116	<b>FILING OR 371(c) DATE</b> 07/24/2003 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> AT-000208.1 US
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**APPLICANTS**  
Amir Abolfathi, Menlo Park, CA;  
Huafeng Wen, Redwood Shores, CA;

**\*\* CONTINUING DATA \*\*\*\*\***  
This application is a CIP of 10/241,429 09/10/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 12/04/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**  
24710

**TITLE**  
Architecture for treating teeth

<b>FILING FEE RECEIVED</b> 1258	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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